



St Michael Catholic Parish

458 Maple Street, Livermore, CA 94550 | 925-447-1585 Fax: 925-447-0520
StMichaelLivermore.com

Wedding Information

OFFICE USE ONLY

Wedding Date _____ Time: _____ Presider: _____

Total Fee _____ Rcvd _____ Rehearsal Date / Time: _____

Wedding Coordinator: _____

Groom's Information

First Name Last Name

Street Address City, State, Zip

Phone Number Email Address

Baptized/Currently Catholic? Yes No St. Michael Parishioner Yes No If yes, envelope # _____

Bride's Information

First Name Last Name

Street Address City, State, Zip

Phone Number Email Address

Baptized/Currently Catholic? Yes No St. Michael Parishioner Yes No If yes, envelope # _____

At the meeting with the priest, both the bride and the groom are required to disclose if they have been previously married.

Groom's Signature Date

Bride's Signature Date

Priest/Deacon Signature

Spanish
 English
 Other _____